2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P98000062594

1. Entity Name
L.L. INDUSTRIAL PARK, (II), INC.

Principal Place of Business	Mailing Address
4901 N.W. 17TH WAY SUITE 103 FT. LAUDERDALE, FL 33309	4901 N.W. 17TH WAY SUITE 103 FT. LAUDERDALE, FL 33309

DO NOT WRITE IN THIS SPACE

01252005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0850778	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LEVY, ALAN M
4901 NW 17TH WAY
SUITE 103
FORT LAUDERDALE, FL 33309

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2005 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	KAHN, DAVID
STREET ADDRESS	1327 H 46 STREET
CITY·ST·ZIP	BROOKLYN, NY 11219

UMMM00343111
04/29/05-80081-020 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _David Kahn_ David Kahn   4/25/05   954 491-5505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #